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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000046518 (4)

DOCUMENT #

1. Corporation Name LEE/COLLIER LAND COMPANY, INC.

**FILED** Apr 30 1996 8:00 am **Secretary of State** 



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4099 TAMIA	e of Business NMI TRAIL NORTH	Mailing Address 4099 TAMIAMI TRAIL	NORTH				
SUITE 305 NAPLES FL	. 33963	Suite 305 Naples FL 33963					
US US		US			3. Date incorporated or Qualified 06/21/1994	3a. Date of La 05/01/	st Report 1995
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number APPLIED FOR		Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional
City & Sta	ite	City & State			6. Election Campaign Financing		5.00 May Be
3	0	28 Zin	Cou	oto	Trust Fund Contribution  8. This corporation has liability for i		dded to Fees
<i>Ζ</i> ιρ <b>4</b>	Country 25	Zip <b>29</b>	30	ini y	Florida Statutes  Yes		Br 3 100.002,
<u> </u>	g. Name and Address of Cu				10. Name and Address of New R	egistered Agent	
				81 Name			
ECKERTY, THOMAS G. ESQ.			82		82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE	KENWOOD LANE 89			83			
FT. MY	/ERS FL 33907			84 City		<b>—</b> 85	Zip Code
				-	ration submits this statement for the pur	FL 👕	
real familiary and	interit contraction and district and district and	Section 607,0505, Florida Statute					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicacle. (N	VOTE Registered	Agent signature require		DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicacle. (N	NOTE: Registered		ed wher reinstating) ADDITIONS/CHANGES TO OFF		
SIGNATURE 112.	Signature, typed or printed name of registered OFFICERS	agent and title if applicacle. (N	VOTE Registered	TLE		ICERS AND DIRE	
SIGNATURE 12. TITLE VAME	Signature, typed or priviso name of registered OFFICERS PSTD COLOSIMO, JAMES R. 4099 TAMIAMI TRAIL N.	agent and title if applicacle.  AND DIRECTORS  DELETE	NOTE: Registered 13. 1.11	TLE		ICERS AND DIRE	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or privisio name of registered OFFICERS PSTD COLOSIMO, JAMES R.	agent and title if applicacle.  AND DIRECTORS  DELETE	13. 1.1 Ti 1.2 N/ 1.3 S1	ITLE AME		ICERS AND DIRE	inge 🔲 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-7/P  TITLE	Signature, typed or priviso name of registered OFFICERS PSTD COLOSIMO, JAMES R. 4099 TAMIAMI TRAIL N.	agent and title if applicacie.  6 AND DIRECTORS  DELETE	NOTE Resistered  13. 1.17i 1.2 N/ 1.3 S1 1.4 Ci 2.1 T 2.2 N/	TLE  MME  REET ADDRESS  TY-ST-ZIP  ITLE  AME		ICERS AND DIRE	inge 🔲 Addition
SIGNATURE  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or privided name of registered OFFICERS PSTD COLOSIMO, JAMES R. 4099 TAMIAMI TRAIL N, 1 NAPLES FL	agent and title if applicacie.  6 AND DIRECTORS  DELETE	NOTE Resistered  13. 1.1 Til 1.2 N/ 1.3 S1 1.4 Cl 2.1 Til 22 N/ 23 S1	TILE  MME  REET ADDRESS  TY-ST-ZIP  TILE  MME  IREET ADDRESS		ICERS AND DIRE	inge 🔲 Addition
SIGNATURE  TILE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP	Signature, typed or privided name of registered OFFICERS PSTD COLOSIMO, JAMES R. 4099 TAMIAMI TRAIL N, 1 NAPLES FL	againt and title if applicacie.  AND DIRECTORS  DELETE  305	NOTE: Resistered  13. 1.17i 1.2 N/ 1.3 S1 1.4 Ci 2.1 T 22 N/ 23 Si 24 Ci	TILE  MME  REET ADDRESS  TY-SI-ZIP  ITLE  AME  IREET ADDRESS  TY-SI-ZIP		ICERS AND DIRE	nge Addition
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SIGNATURE  ITLE  VAME  STREET ADDRESS  OUT - ST - ZIP	Signature, typed or priviso name of registered OFFICERS PSTD COLOSIMO, JAMES R. 4099 TAMIAMI TRAIL N, 1 NAPLES FL	againt and title if applicacie.  AND DIRECTORS  DELETE  305	NOTE Reustered  13. 1.1Ti 1.2 N/ 1.3 Si 1.4 Ci 2.1 Ti 22 N/ 2.3 Si 2.4 Ci 3.1 Ti 3.2 N/ 3.2 N	TILE  MME  REET ADDRESS  TY-ST-ZIP  TILE  MME  IREET ADDRESS  TY-ST-ZIP  ITLE		ICERS AND DIRE	nge
SIGNATURE  ITLE  VAME STREET ADDRESS  DITY-ST-ZIP  ITLE  VAME STREET ADDRESS  STREET ADDRESS	Signature, typed or priviso name of registered OFFICERS PSTD COLOSIMO, JAMES R. 4099 TAMIAMI TRAIL N, 1 NAPLES FL	againt and title if applicacie.  AND DIRECTORS  DELETE  305	NOTE Reuistered  13. 1.11 1.2 N/ 1.3 S1 1.4 Cl 2.1 T 2.2 N/ 2.3 SI 2.4 Cl 3.1 T 3.2 N/ 3.3 S	TILE  MME  REET ADDRESS  TY-ST-ZIP  TILE  AME  IREET ADDRESS  TY-ST-ZIP  IILE  AME  AME  AME  AME  AME  AME  AME  A		ICERS AND DIRE	nge Addition
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OFFICER OR DIRECTOR

4/23/96 941-262-3034